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Navy & Marine Corps Medical News
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline: What is Force Health Protection and how does it benefit you?

By LT Jenson W. Sommer, USN, Bureau of Medicine and Surgery

WASHINGTON -- The term Force Health Protection may not be a part of every Sailor and Marine's vocabulary, but it's a concept that's helping them achieve and sustain optimal health and readiness.

Consider these three scenarios:

Scenario one: A Sailor passes Overseas Screening after his blood pressure and weight are lowered through his participation in his command's physical fitness and health promotion programs.

Scenario two: A team of Navy SEALS receives immunizations to protect against various diseases before deploying to a region where the threat of disease is high.

Scenario three: In a future combat situation, a hospital corpsman wraps an injured Marine's wounds with a special bandage that will stop bleeding and accelerate healing time. These three scenarios are examples of Force Health Protection at work. Force Health Protection is the military's strategy to maintain the health readiness of military personnel throughout their career. It is based upon three principles that are reflected by the above scenarios respectively: Healthy and Fit Force; Casualty Prevention; and Casualty Care and Management.

Because people are the most valuable and most complex "weapon system" in the U.S. military inventory, it's vital that we have an able fighting force. It's no secret physically fit and healthy Sailors and Marines have more physical and mental stamina - critical factors that save lives when moments count. TRICARE managed health care and command programs such as stress management, weight loss/fitness training and tobacco use cessation, all contribute to Force Health Protection's first principle of a healthy and fit force.

Casualty prevention concentrates on countering two types of threats. The first threat, environmental and health hazards, is a complex assortment of factors that combine to form the largest number of military casualties - those caused by disease and non-battle injuries. The vaccinations given to the SEALS in the second scenario is an example of a casualty prevention measure to protect against this type of threat.

The second threat is the one posed directly by the enemy and can produce far more serious casualties. An example of protection against this type of threat is the DoD anthrax vaccination program, which is designed to prevent mass casualties due to exposure to weaponized anthrax, a deadly disease.

The third principle of Force Health Protection, casualty care and management, evolved through military medical researchers' development of technologies and products, such as the special wound-healing bandage in the third scenario, for treating battle-related injuries or illnesses. As science and technology improves, the military will continue to develop lighter, faster and more responsive capabilities to provide the essential care needed to stabilize a wounded service member in theater and rapidly evacuate him to more comprehensive care.

There are numerous other examples of these three Force Health Protection principles at work and the ways they benefit Sailors and Marines. Force Health Protection broadens and deepens the relationship between military medicine and the fighting force it serves. Whether Sailors and Marines can define the concept or not, Force Health Protection is already a part of their lives and will

continue to keep them healthy and ready throughout their career.

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Headline: Patient, provider concerns simplify TRICARE
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Good news for patients and participating civilian physicians: TRICARE is getting simpler.

The TRICARE Management Activity began implementing changes in February that will make it easier, and cheaper in many cases, for Military Health System beneficiaries to get health care. Many of the changes also will make TRICARE participation more attractive to physicians, according to a senior health policy analyst here.

"What these changes have done is eliminate a lot of the fine print in TRICARE coverage," said Air Force Lt. Col. Kathy Larkin. "We have been very committed to protecting our beneficiaries and eliminating confusion for our providers."

Larkin described some of the changes, explaining how the system worked before and after the changes were made or will work after the changes are implemented. These improvements include:

- Balance Billing for Specialty Care: One of these changes affects how much enrollees in TRICARE Prime, the military health system's managed care option (standard for active duty service members), must pay for authorized care from a civilian specialist who is not in the TRICARE network. Until things changed in March, patients were responsible for any costs over the "balance billing limit" of 115 percent of the CHAMPUS "maximum allowable charge" - the most that old plan would have paid participating providers for a specific service.

"When TRICARE Prime enrollees follow the rules by getting authorization for specialty care, they will only pay their co-pay rate," Larkin said. "If the specialist isn't in the TRICARE network and charges more, the managed care support contractor for that region will pay the difference."

Co-pays are \$6 for family members of active duty service members E-4 and below; and \$12 for family members of active duty service members E-5 and above and retirees and their family members.

- Balance Billing Limits for Nonprofessional Services: A second change applies limits to balance billing for ambulance companies and clinical laboratories and other noninstitutional, nonprofessional providers.

"An ambulance company can charge anything it wants," Larkin said. The new balance billing provision protects Prime enrollees, but TRICARE Standard users could get stuck with a big bill. "If we said the ambulance ride was worth \$100 and the company charged \$1,000, legally that beneficiary was responsible for the \$900 difference," she said. "Now, we've applied a 115 percent limit." So in her example above, TRICARE would pay the \$100 minus the

beneficiary's cost share, and the beneficiary would pay the remaining \$15.

- Increased Maximum Allowable Charges: TRICARE identified 62 medical procedures for which the CHAMPUS Maximum Allowable Charge was lower than the Medicare fee schedule amount. This was a disincentive for civilian physicians, Larkin said. TRICARE increased the maximum allowable charges to match Medicare fees for all 62 procedures Feb. 1.

- Single Payment for Ancillary Services: Before March, civilian medical professionals' bills often included multiple additional charges for blood work, throat cultures, X-rays and other lab services. Often, each of the different labs would bill separately and expect to apply the beneficiary's co-payment to its bill.

"The co-payment might be applied two or three times, even if the beneficiary didn't even go anywhere but the doctor's office," Larkin said. TRICARE eliminated co-payments for these ancillary services, so there's no question about whether a co-payment should be applied.

- Automatic Renewal of Prime Enrollment: Enrollment in TRICARE Prime is for 12 months. In the past, enrollees had to fill out forms to continue in the Prime program. Otherwise, TRICARE assumed they wanted out and the enrollment would expire after the 12th month.

"You had to do something to stay enrolled," Larkin said.

"Now, you will be automatically continued unless you do something."

This applies primarily to active duty family members, who aren't charged enrollment fees. Retirees have to pay for their renewal. However, TRICARE plans to implement a monthly payment schedule for retirees, with electronic funds transfers or retiree allotments. "That would just click right along" until retired beneficiaries voluntarily disenroll, Larkin said.

- Claims Appeal Process for Providers: TRICARE requires contractors to use ClaimCheck software to detect incorrect billing by providers. Some providers didn't like the software and wanted TRICARE to develop a review process. Congress required TRICARE to establish an appeals mechanism. "We've put a notice in the Federal Register, notifying the public that we do, in fact, have a review and appeal mechanism currently in place and that we're working toward streamlining that," Larkin said. "I think this demonstrates that we listen to provider concerns and try to address them."

- Alternative Optometry Benefits: TRICARE wants to streamline the optometry benefit. Active duty family members currently get an annual eye exam benefit in TRICARE Standard and Extra, and periodic exams in Prime. Retirees in Prime also get the periodic benefit but receive no optometry benefits under Standard or Extra.

"We need to simplify the benefit, and we're working on how best to do that," Larkin said.

- Medical Necessity Review for Outpatient Procedures:
TRICARE decides whether 17 different outpatient procedures are necessary before it authorizes beneficiaries to have them done -- even when they have other health insurance that pays before TRICARE.

When people used TRICARE as a second payer, the medical office manager had to obtain separate reviews and authorizations from both the primary insurer and TRICARE, Larkin said.

"While we still want to pay for medically necessary care, we can look at it retrospectively," she said. "We just want to make our program easier to use, and less complicated for the civilians out there who are trying to work with us." A number of other changes have already simplified TRICARE programs, Larkin said. TRICARE now is available worldwide, and Prime enrollees can transfer their enrollments when they move to a new region. The claims process has been simplified, which is a major incentive for civilian practitioners to join TRICARE networks.

And, she noted, the National Mail Order Pharmacy makes it easier for beneficiaries worldwide to get their prescriptions filled.

Army Col. Karen Ferguson said the change spreadsheet has become a sort of virtual document within the TRICARE Management Activity. Inclusion on the sheet underscores the importance of an initiative or problem, she said.

As director of program development, Ferguson is in on any new ideas put forth. She said the concerns come from a variety of sources, from patients to providers -- and because most of the TRICARE staff is military, they have a strong interest in ensuring the program works better for everyone.

"We're all retirees in training," Ferguson said. "We want to make TRICARE the world's leading integrated health system," Larkin said. "We want to be good stewards of the government's money, but the care of our beneficiaries is our highest priority."

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Headline: Pensacola pharmacy stresses quality, service to customers

By ENS W.M. Kafka, Naval Hospital Pensacola

PENSACOLA, Fla. -- Improving equipment, time management and training, has improved customer service to the more than 175, 000 beneficiaries, from Millington, Tenn., to Panama City, Fla., served by the Naval Hospital Pensacola.

Part of that success comes from the use of the Optifill II computer system to fill prescriptions. With fewer people dedicated to assembling the prescriptions, pharmacists and technicians now focus more on customers, safety and training.

Another contribution to improved customer service is the "Point of Service" method of filling prescriptions. The pharmacy team concentrates on filling only the prescriptions

for the customers that are present, therefore the pharmacy waiting time is reduced and productivity is improved. New approaches to providing service have allowed the pharmacy staff to also concentrate on improving themselves. The increase in productivity has had a direct effect on the pharmacists and the technicians. According to LT Chris Lynch, MSC, a pharmacist, "Morale has improved, our overall reputation has improved and our attitude as Sailors has improved."

Recently, the hospital pharmacy's 20 technicians became board certified when they passed the National Pharmacy Technician Certification Examination. Although the certification is not required to become a Navy pharmacy technician, it presented an opportunity for the Sailors to learn even more about their job.

According to Hospital Corpsman First Class Richard Ostert, a pharmacy technician, "The exam gave us the opportunity to test our knowledge. It shows the Navy and the public the commitment we have to improving this pharmacy."

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HEADLINE: Great Lakes concludes mobilization exercise
By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- "Exercise, Exercise, Exercise ! Due to the failure of repeated negotiations and increases in international sanctions, the President requires a partial mobilization of the Ready Reserves. Navy Military Processing Sites have been directed by the Chief of Naval Operations to stand up for mobilization processing. This is an exercise," read Chief Personnelman Jose DeJesus to participants of the 24-hour Mobilization Exercise 99.

Great Lakes is a Navy mobilization processing site and must be capable of bringing 200 reserve personnel on active duty and preparing them for mobilization within 72 hours.

Saturday, May 15th, approximately 135 personnel from the Selective Reserves and the Individual Ready Reserve were brought aboard Naval Training Center Great Lakes to assess Reserve mobilization capability.

This annual mobilization exercise marked the first time Individual Ready Reserves were processed with full medical and dental screening. Using experience from processing up to 360 recruits per day, Branch Medical Clinic USS RED ROVER provided dental service for more than 40 reservists to ensure they are medically ready for deployment.

Various Great Lakes commands including Personnel, Legal, Family Services, Medical and Dental conducted initial screening and orientation of all reservists. After that the more than 40 reservists received immunizations, tests and physical examinations, said CDR Michael Fogarty, MSC, coordinator of the medical portion of this exercise.

Independent Duty Hospital Corpsmen led by Chief Hospital Corpsman (FMF/AW/SW) Jeff Hansen, and four Dental

Technicians from the Great Lakes Naval Dental Center led by LTJG David Uwedjojevwe, MSC, screened 135 records and determined who required further dental service. Medical orientation briefs were given by Hospital Corpsman Second Class William Ramsey and dental briefs were given by Dental Technician Second Class Jesse Medina.

Mobilization Exercise '99 also used the SMARTCARD, which tracked how long the Reservists remained in each station.

CAPT Ed Weiss, MSC, deputy commander of Naval Reserve Readiness Command Region 13 visited the Branch Medical Clinic and saw first-hand the progress of the corpsmen, doctors and nurses. "I am extremely impressed at the flow of personnel and design of this clinic and in particular the dedicated medical staff working on Saturday to test this important system," he said.

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Headline: Operating room team provides quality service
By JO3 Stacie Rose, Naval Medical Center San Diego

SAN DIEGO -- The staff of the main operating room of Naval Medical Center San Diego is a big family of dedicated, hard working, professionals who are always ready to serve. It's a good thing, too, because the operating room at the Medical Center is the largest in the military, encompassing 18 rooms within the hospital and five outlying clinics. "Without teamwork and cooperation between everyone in the department, the OR can't function," said Hospital Corpsman Second Class Rommel DeGuzman, a surgical technician.

"Teamwork is a morale builder," he said. "It makes people more willing to help each other, more willing to take on leadership positions and lead by example."

The staff of the operating room aren't the only ones that benefit from teamwork.

"The patients are at their most vulnerable state when they're in here," said Hospital Corpsman First Class (SW/AW/FMF) Walter Carranza, the operating room's enlisted clinical coordinator. "There's no time for the staff to argue over small issues when there's a patient on the table, especially when that patient is counting on the hospital corpsmen to be at their peak performance," he said.

At times, though, it can be difficult for the staff to handle everything that's coming at them. Many times, the surgical technicians have more than one collateral duty they are responsible for in addition to their operating room duties.

For example, DeGuzman is a hospital corpsman by rate, but he's also in charge of ordering supplies for the whole department and making sure the surgeons have all the necessary equipment, sometimes right up to the time when the patient is on the table.

"That can be stressful, but you just have to do it. I handle stress well, and there are always people there to assist me," said DeGuzman.

Hospital Corpsman Second Class (FMF) Patrick Nardulli is also a hospital corpsman, but in addition, he takes on the role of education petty officer. He handles the training and certification of everyone, from the technicians to the nurses, in the operating room.

"It's an ongoing process, and it has to be 110 percent accomplished every time," said Nardulli.

However, the payoffs are worth it.

"The end product is seeing the good patient care we offer as a result of these training services," Nardulli said. "We work toward the high levels of service found at the best civilian hospitals and other fine government facilities."

Many of the operating room's hospital corpsmen have a great appreciation for their contribution to patients' wellness.

"When the [medical] procedure goes off without a hitch, the results are excellent for the patient, and I can physically see the corrections I helped bring about to ease someone's pain and allow them to walk again, it's worth it," said Hospital Corpsman Third Class (FMF) Randall Ivall,

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Headline: Guam doctor finishes grueling Ironman race
By JO3 Alex Moss, The Pacific Navigator

AGANA, Guam -- Imagine running more than 26 miles in a marathon step after step, hour after hour.

Now imagine running a marathon - but not until after you swim nearly two and a half miles and ride a bike 112 miles. That's what a doctor from Guam did May 2 in the Minolta Australian Ironman Triathlon in Forster/Toncurry, Australia. CDR John LeBanc, MC, head of the surgery department at U.S. Naval Hospital, Guam, went to Australia not to race against the 1,200 other triathletes. He went to just finish one of the most grueling sporting events known to man. The Ironman contest consists of a 2.4 mile swim, followed by riding 112 miles on a bike, immediately followed by a 26.2 mile marathon run.

LeBanc approached training for his third Ironman race a little differently than at other times. At first he trained about 12 hours a week. As race day drew near, he increased that time and trained everyday from 4:30 a.m. to 7:00 a.m. The race itself offered LeBanc a few additional challenges in addition to the grueling distances of each segment.

"The cold and rain were tough - almost to the point I was shivering," LeBanc said. "Plus, I was involved in a bike accident at a water station, and that slowed me down."

According to LeBanc, one of the riders stopped at a water station to get a drink. Normally, riders grab cups or bottles of water from the volunteers on the side of the road as they ride by. Well, LeBanc grabbed a water bottle, secured it to his bike, and when he looked up, he smashed

into another rider.

The crash left him with a cut under his eye and volunteers telling him to sit and wait for a doctor. LeBanc said he felt fine though. After bandaging the cut and being asked a few questions - which took about 40 minutes - LeBanc was on his way.

He said a race like this is just as tough mentally as it is physically.

"I approach the race as a bunch of smaller races within a much bigger one," LeBanc said. "I never think more than five minutes ahead. If you do, you'll start playing mind games with yourself."

After finishing the race, LeBanc said he also felt an incredible sense of accomplishment.

"To have a goal and reach it after putting in so many hours of training was tremendous," he said. "And you're proud of yourself because you know you're fit enough to do it. You really feel great about yourself."

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Headline: Sailor earns designation pin after only 11 months at sea

By LT Ken Knecht, MC, RSG Pascagoula

PASCAGOULA, Miss. - Hospital Corpsman (SW) Joey Kelsey, stationed aboard USS Stephen W. Groves (FFG-29), received his Enlisted Surface Warfare Specialist designation while still an E2, 11 months after reporting aboard the ship.

"I just want to experience as much as possible during my tour at sea and it's fun learning new things," said the 20 year-old Kelsey, who is from Pasadena, Texas and aspires to become an independent duty corpsman.

Congratulations and Bravo Zulu to HN(SW) Kelsey. He's a noteworthy example of the highly motivated and capable medical professionals who support our operating forces

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Headline: Teaching new parents about babies

By Marjorie Cohen, Naval Ambulatory Care Center Groton

GROTON, Conn. -- A panel of health care providers from the Submarine Base, Groton, Connecticut and the local community were at the base's Navy Exchange May 8 to provide the latest information and counseling for new and expectant parents.

This military-community effort had presentations from the Naval Ambulatory Care Center Groton's Wellness Support and Pharmacy Departments, TRICARE, as well as the New Parent Support Team from Navy Family Service Center. The gathering also featured product information and prize drawings.

A demonstration of infant/child car seat safety by the Groton Town Police Department emphasized the importance of using car seats correctly.

LCDR Rick Bradley, MSC, of the NACC Wellness Support Department said that the program was designed to meet the needs of a young adult population experiencing parenthood for the first time.

"We try to focus on topics that new parents have questions about and have little experience dealing with," he said.

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Headline: Great Lakes wins award for physical evaluation boards

By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- The Naval Council of Personnel Boards recently recognized the Patient Administration Department here as the Naval Hospital of the Year for efficient and effective preparation of physical evaluation boards. Great Lakes shared the award with Naval Hospital Camp Pendleton, Calif.

A Sailor or Marine who has experienced a career-ending illnesses or injury works with the Physical Evaluation Board to have his or her case processed through the Disability Evaluation System.

A physical evaluation board, comprising a Navy captain line officer, Marine Corps colonel and a medical officer, reviews medical evidence and makes a determination of fitness or unfitness for Naval service. They review each case, including medical and non-medical information describing the impact of the member's medical condition and his or her ability to perform their military duties.

Preparing accurate and complete packages requires cooperation of doctors, administrators and the service member's command. A thorough package allows fair and impartial judgements by the Physical Evaluation Board in Washington, D.C.

The Patient Administration team here coordinates with Chief Mess Management Specialist Debra Fish, who works for the Physical Evaluation Board as its liaison officer.

She counsels service members, which is one of the critical components of the Disability Evaluation System. Fish informs them of their status and the significance of action being taken in their case, its effect on their futures and their options.

Medical boards shouldn't be confused with physical evaluation boards. Fish said a medical board decides whether a member has an injury or illness and documents the extent of those injuries. The results are forwarded to the physical evaluation board, which determines fitness for continued naval service.

No command is more aware of the difficulties in recruiting and retaining personnel in the Navy than Naval Hospital Great Lakes, which provides recruit and service school students' daily health care. Therefore, preparing a proper Medical Board is important to ensure service members receive what they are entitled to and they are not hastily ruled out as a Sailor unfit for duty."

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Headline: Automatic TRICARE re-enrollment program announced

From Department of Defense Public Affairs

WASHINGTON (NWS) -- A new healthcare innovation is now in effect that will make repeat "TRICARE Prime" participation easier. As of May 1 the need to submit an annual TRICARE re-enrollment became obsolete. In a phased introduction, re-enrollment is automatic unless a beneficiary declines the "Prime" option.

Regions One (Northeast), Two (Mid-Atlantic) and Five (Heartland) were the first regions to implement automatic re-enrollment May 1. All other regional contractors will begin automatic re-enrollment June 1.

Dr. Sue Bailey, Assistant Secretary of Defense for Health Affairs said, "Automatic re-enrollment eliminates the need for a Prime beneficiary to fill out paperwork every year. The improvement will remove a burden on our beneficiary and improve the TRICARE Prime benefit by simplifying the process for our enrollees."

Beneficiaries will begin receiving notification from their regional contractors about the automatic re-enrollment 30 days prior to the anniversary date of their original sign-up with the military managed care plan.

"Our goal is to streamline the re-enrollment process and to eliminate paperwork," said Dr. James Sears, executive director, TRICARE Management Activity (TMA). "Our Prime beneficiaries should be able to continue to enjoy the benefits of TRICARE without having to return forms every time their enrollment anniversary rolls around. A response to the notification is required only if a beneficiary wants to make changes or disenroll from the Prime benefit."

Thirty days before a beneficiary's enrollment anniversary, the regional contractor will send written notification, and if applicable, an invoice for the annual enrollment fee. The invoice will include options for full or quarterly payments. Monthly installment payments also will be accepted via allotment or electronic funds transfer, beginning next year.

A beneficiary may decline further TRICARE Prime enrollment, and may re-enroll at any time as long as he or she remains eligible. Beneficiaries covered by Prime who want to continue their coverage, but do not receive notification of automatic re-enrollment, or those with other questions about Tracer, should contact their regional TRICARE office. Regional offices can be reached by calling the following toll-free numbers: Northeast (Region One), 1-888-999-5195; Mid-Atlantic (Region Two), 1-800-931-9501; Southeast (Region Three), 1-800-444-5445; Puerto Rico and Latin America (Region Three), 1-888-777-8343; Heartland (Region Five), 1-800-941-4501; Southwest (Region Six), 1-800-406-2832; Central (Regions Seven/Eight), 1-888-TRIWEST (1-888-874-9378); Southern California (Region Nine) and Golden Gate (Region 10), 1-800-242-6788; Northwest (Region 11), 1-800-404-0110; Pacific (Region 12), 1-800-777-8343; Hawaii, 1-800-242-6788; Alaska, 1-888-777-8343; and Europe,

1-888-777-

8343.

Information is also available on the World Wide Web at
<http://www.tricare.osd.mil/>.

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Headline: Anthrax question and answer

Question: The anthrax vaccine was administered to personnel deployed in the Gulf War. Has the anthrax vaccine been linked to illnesses among Gulf War veterans?

Answer: No. Several national scientific groups have addressed this issue and have found no evidence to link anthrax vaccine with illnesses among Gulf War veterans. The Institute of Medicine, Presidential Advisory Committee on Gulf War Illness, Veterans Administration, National Institute of Health, and the Defense Science Board have reviewed the correlation between vaccines and Gulf War illness and concluded that the anthrax vaccine does not explain the reported chronic effects.

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Headline: TRICARE question and answer

From TRICARE Management Association

Question: What is my priority for being offered enrollment in TRICARE Prime?

Answer: Priority for enrollment is:

- 1) Active duty will be automatically enrolled and receive most of their care in the MTF
- 2) Active duty family members may voluntarily enroll and will be primarily accommodated within the MTF
- 3) Retirees and their family members and survivors may voluntarily enroll. If the MTF has reached capacity, they will be referred to the network providers.

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Headline: Healthwatch: Without protection, eyes can experience sun damage

From Bureau of Medicine and Surgery

WASHINGTON -- The summer season is upon us and with the temperatures moving well into the 90's it's time to start thinking about protecting ourselves from the sun. Many people are aware that using sunscreen protects their skin from the harmful effects of the sun, but the eyes also need protection.

Although there isn't a topical sunscreen for the eyes, they are just as vulnerable and prone to disease and degeneration if not properly protected from the sun.

According to the American Academy of Ophthalmology, exposure to the sun's ultraviolet rays can cause cataracts and macular degeneration, both of which are leading causes of blindness.

But wearing sunglasses can help prevent such problems. Sunglasses don't have to cost a lot, but make sure they block 99 to 100 percent of ultraviolet rays, says The American Academy of Ophthalmology. Wearing a broad-rimmed

hat also provides additional eye protection.

But the sun's rays aren't the only things the American Academy of Ophthalmology warns against while enjoying this summer weather.

Wear goggles when swimming in the pool, ponds or lakes. Chlorine in the pool can make your eyes red and puffy. Ponds and lakes may harbor Acanthamoeba, a protozoan that can lodge underneath a contact lens, and cause keratitis, an inflammation of the cornea.

Be careful doing outside chores. Make sure you wear safety goggles when using lawn mowers or other power tools. Stones and debris can cause serious eye injuries when thrown.

Play ball, but protect your eyes. Some of the summer's most popular sports are also some of the leading causes of eye injuries. It is a good idea to wear protective eyewear while playing games such as baseball, basketball and soccer.

Sometimes, after following safety precautions, we still experience eye problems. These first aid tips may help relieve immediate stress to the eye.

Sand or small debris in the eye: Use eyewash to flush the eye out. Do not rub the eye. If the debris doesn't come out, lightly bandage the eye and see a doctor.

Blows to the eye: Gently apply small cold compresses to reduce pain and swelling. Don't apply any pressure. Seek emergency medical care if there is pain, reduced vision or discoloration, such as a black eye.

Cuts or punctures to the eye: Bandage the eye without any pressure and seek emergency medical care immediately. Do not attempt to wash the eye or remove any object stuck in the eye.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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